

16805 U.S. PTO  
09/29/03

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PTO/SB/50 (08-00)

Approved for use through 12/30/2000. OMB 0651-0033

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## REISSUE PATENT APPLICATION TRANSMITTAL

Address to:	<b>Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</b>	<i>Attorney Docket No.</i>	0315-000452/REA
		<i>First Named Inventor</i>	Roy J. Doepler et al.
		<i>Original Patent Number</i>	6,231,731
		<i>Original Patent Issue Date (Month/Day/Year)</i>	April 10, 2001
		<i>Express Mail Label No.</i>	EL 790 111 766 US

**APPLICATION FOR REISSUE OF:**  Utility Patent  Design Patent  Plant Patent  
(check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)		ACCOMPANYING APPLICATION PARTS	
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/56) <i>(Submit an original, and a duplicate for fee processing)</i>	7. <input checked="" type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).		
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	8. <input checked="" type="checkbox"/> Original U.S. Patent for surrender <input checked="" type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)		
3. <input checked="" type="checkbox"/> Specification and Claims in a double column copy of patent format (amended, if appropriate)	9. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) <i>(if applicable)</i>		
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations		
5. <input checked="" type="checkbox"/> Reissue Oath / Declaration (original or copy) <i>(37 C.F.R. § 1.175)(PTO/SB/51 or 52)</i>	11. <input type="checkbox"/> English Translation of Reissue Oath/Declaration <i>(if applicable)</i>		
6. Original U.S. Patent currently assigned?  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  <i>(If Yes, check applicable box(es))</i>	12. <input checked="" type="checkbox"/> Preliminary Amendment		
 <input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)	13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>		
 <input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney	14. <input checked="" type="checkbox"/> Other: <u>\$768.00</u>		

### 14. CORRESPONDENCE ADDRESS

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Signature	<u>M. Malinak</u>		
		Date	Sept. 29, 2003

21906 U.S. PTO  
10/675907



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## REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)  
0315-000452/REA

## Claims as Filed - Part 1

Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 48	Total Claims (37 CFR 1.16(j))	(B) 49	**** 1	X\$ _____		X\$ 18.00=	\$ 18.00
(C) 4	Independent Claims (37 CFR 1.16(i))	(D) 4	* 0	= X\$ _____ =		X\$ _____ =	0
Basic Fee (37 CFR 1.16(h))				\$ _____		\$ 750.00	
Total Filing Fee				\$ _____		OR	\$ 768.00

## Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 48	MINUS	** 48	*	X\$ _____		X\$ _____ =	0
Independent Claims (37 CFR 1.16(i))	*** 4	MINUS	***** 4	=	X\$ _____ =		X\$ _____ =	0
Total Additional Fee				\$ _____		OR	\$ 0	

\* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

\*\* If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

\*\*\* After any cancelation of claims

\*\*\*\* If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

\*\*\*\*\* "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

- Applicant claims small entity status. See 27 CFR 1.27.
- Please charge Deposit Account No. 08-0750 in the amount of \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed.
- The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 08-0750.  
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Sept. 29, 2003

Date

Signature of Applicant, Attorney or Agent of Record

Michael Malinzak

Typed or printed name